

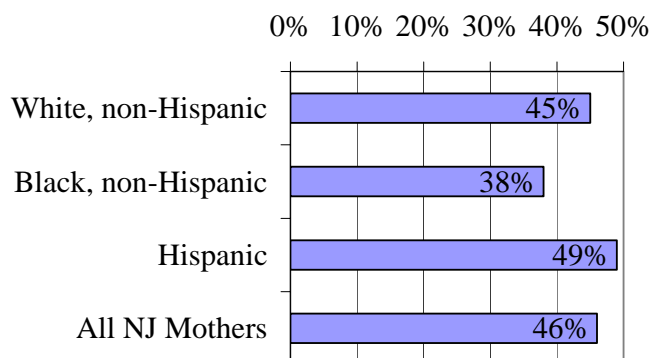


PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Breastfeeding In New Jersey, 2002-2003

Breastfeeding rates in New Jersey need improvement to meet Healthy People 2010 goals. Prior to the launch of PRAMS in 2002, the only source of information about breastfeeding for all New Jersey mothers and infants was the electronic birth certificate (EBC). New Jersey PRAMS extends our surveillance of breastfeeding for several months after birth, and also asks about barriers experienced by mothers who do not breastfeed.

Breastfeeding at 10 Weeks Post-partum



The figure above reports the proportion of mothers that report breastfeeding their infants at the tenth week after delivery (the time point where PRAMS interviews begin). The average for all mothers in the state is 46%, and is higher for Hispanic mothers and lower for black mothers. The relevant Healthy People 2010 goals are 75% initiation and 50% through six months. This prevalence is a function of two components: *initiation at the hospital* and *persistence after discharge*.

Women who never breastfed their newborns reported numerous reasons and barriers in PRAMS. The most common reason was personal preference, reflected in survey responses such as “I didn’t like breastfeeding” and “I wanted my body back.” Among other common reasons for not breastfeeding were caring for older children

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 33 mothers are surveyed each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ In 2002 and 2003, 3104 mothers were interviewed with a 72% response rate. The results reported here are based on preliminary data. (For more information about operations, see Summary of Survey Methodology for New Jersey PRAMS.)

and return to work or school. As the table on this page details, these two specific barriers may affect the breastfeeding decisions of thousands of projected New Jersey women each year.

How breastfeeding is initiated and then supported is important to sustained success. The EBC describes feeding method—breastfeeding, formula, combination—around the time of hospital discharge. The next table

What were the reasons for not breastfeeding your new baby?	Women who mentioned each barrier to breastfeeding	
	Percent	Projected NJ Annual Total
Other children to take care of	25.4%	3,627 - 5,352
Too many household duties	12.4%	1,617 - 2,780
I was embarrassed	4.4%	440 - 1,129
I went back to work or school	19.3%	2,667 - 4,162
Husband/partner didn't want me to	2.8%	200 - 777
Preference not to breastfeed	52.4%	7,997 - 10,314
[other reason]	28.8%	4,214 - 6,001

indicates that exclusivity is a strong predictor of persistence. Across subgroups, mothers who combine breastfeeding and formula are on average 26% less likely to maintain breastfeeding through the first ten weeks.

Agenda for Action

Breastfeeding should be considered the norm for infant feeding. Human milk is unique in helping infants to achieve optimal growth and development. It reduces the likelihood of diabetes, obesity, some childhood cancers, and other illnesses and conditions such as otitis media, diarrhea, lower respiratory infections, allergic disease, and SIDS. Human milk is preferred for all infants, including premature and sick newborns, with the exception of infants with galactosemia and those born to HIV positive mothers.

Most mothers are capable of producing all the milk their infants need. It is recommended that breastfeeding continue exclusively for about 6 months, and continue with the addition of complementary foods for at least a year post-partum.

Every health care professional has a role in supporting breastfeeding whether in the hospital, clinic, office, or community:

- Develop an interdisciplinary breastfeeding promotion plan to integrate maternity policies and procedures with breastfeeding objectives.
- Create an environment in the hospital and office where breastfeeding is portrayed as the norm. Be proactive about educating patients and supporting breastfeeding. Take advantage of posters and literature produced by many professional organizations.
- Discuss breastfeeding at every prenatal visit using open-ended questions. Develop listening skills and provide targeted information.
- Identify cultural, religious, or community beliefs about breastfeeding particular to your patients and incorporate them in promotion strategies.

Breastfeeding at 10 Weeks (PRAMS) by Feeding at Hospital Discharge (EBC)

	Exclusive Breastfeeding	Combination Feeding
White, non-Hispanic	68%	47%
Black, non-Hispanic	69%	48%
Hispanic	64%	52%
All NJ Mothers	68%	50%

- Explore the mother's support system. Enlist other family members and friends to provide help and minimize competing demands. Peer counselors can be useful in the community setting to provide ongoing support and encouragement.
- Work with local employers and schools to develop breastfeeding friendly workplaces. Teach mothers how to maintain breastfeeding away from home by expressing and storing milk.
- Make appropriate referrals to lactation consultants.
- Ensure hospital policies and practices that support and encourage exclusive breastfeeding. Many common maternity ward practices that affect breastfeeding are not evidence-based and need careful review. Avoid separating mother and infant, and unnecessary formula supplementation.

Resources

American Academy of Pediatrics Work Group on Breastfeeding. Breastfeeding and the Use of Human Milk. *Pediatrics* 1997;100(6)1035-1039.

National Women's Health Information Center.
<http://www.4women.gov/breastfeeding>

CDC Breastfeeding Resources webpage.
<http://www.cdc.gov/breastfeeding/support-home.htm>

WHO/UNICEF Baby-Friendly Hospital Initiative.
<http://www.cdc.gov/breastfeeding/compend-babyfriendlywho.htm>

International Lactation Consultant Association. Find a Lactation Consultant. <http://gotwww.net/ilca/>

New Jersey WIC Services.
<http://www.state.nj.us/health/fhs/wic/healthprofbreast.shtml>

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